

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TEX

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI CORAL L NICKNAME LAST SUFFIX MOSLEY	OFFICE USE ONLY Date Received  Date Hand-delivered or Dropped Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5112 WINESANKER WAY FORT WORTH TX 76133	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 292 1482	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI CARL M. NICKNAME LAST SUFFIX FRETWELL	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1328 E. RICHMOND FORT WORTH, TX 76104	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 926 2114	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year / /    3 / 28 / 05	
11 ELECTION	ELECTION DATE Month Day Year 05 / 07 / 05	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council DIST 6.
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	<p>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</p> <p>Name</p> <p>Address / PO Box; Apt. / Suite #; City; State; Zip Code</p>	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

\*\* This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\*

COMMITTEE TYPE

GENERAL

SPECIFIC

additional pages

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ NONE

4. TOTAL POLITICAL EXPENDITURES

\$ 68.27

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ - 0 -

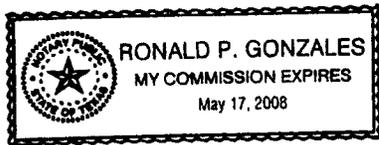
OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

*Cora Mosley*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Cora Mosley, this the 7th day of April, 20 05, to certify which, witness my hand and seal of office.

*Ronald P. Gonzales*  
Signature of officer administering oath

Printed name of officer administering oath

*Notary*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

*N/A*

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A:
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2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
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4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code		

9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEGGED CONTRIBUTIONS

N/A

# SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 7 Pledgor address; City; State; Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
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10 Principal occupation / Job title (See Instructions)	11 Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
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Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

<b>LOANS</b>	N/A	<b>SCHEDULE E</b>
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The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial Institution?  Y        N	8 Lender address;    City;    State;    Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		
15 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	16 Name of guarantor  ..... 17 Guarantor address;    City;    State;    Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y        N	Lender address;    City;    State;    Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES**

N/A

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form. 1 Total pages Schedule F:

2 FILER NAME 3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	7 Amount (\$)
	6 Payee address; City; State; Zip Code	

8 Purpose of payment (See instructions regarding type of information required.)	9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
---	--

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	

Purpose of payment (See instructions regarding type of information required.)	<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
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**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G:
2 FILER NAME <b>CORA MOSLEY</b>		3 ACCOUNT # (Ethics Commission filers)
4 Date <b>3/15/05</b>	5 Payee name <b>SENIOR NEWS</b> 6 Payee address; City; State; Zip Code <b>PO. BOX 23307 WACO, TX 76702</b> 7 Purpose of expenditure (See instructions regarding type of information required.) <b>POLITICAL ADVERTISEMENT</b>	8 Amount (\$) <b>60.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date <b>3-19-05</b>	Payee name <b>OFFICE MAX</b> Payee address; City; State; Zip Code <b>5200 S. HULAN ST FORT WORTH, TX 76132</b> Purpose of expenditure (See instructions regarding type of information required.) <b>Paper Copies</b>	Amount (\$) <b>8.27</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
<del>Date <b>3-29-05</b></del>	<del>Payee name <b>Staples</b> Payee address; City; State; Zip Code <b>5650 Overton Ridge BLVD Fort Worth, TX 76132</b> Purpose of expenditure (See instructions regarding type of information required.) <b>Computer disk</b></del>	<del>Amount (\$) <b>8.60</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended</del>
<del>Date <b>3-29-05</b></del>	<del>Payee name <b>FED. EX. Kinko's</b> Payee address; City; State; Zip Code <b>4485 BRYANT IRVIN Rd Fort Worth, TX 76132</b> Purpose of expenditure (See instructions regarding type of information required.) <b>Printing</b></del>	<del>Amount (\$) <b>36.21</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended</del>
<del>Date <b>3-30-05</b></del>	<del>Payee name <b>OFFICE MAX</b> Payee address; City; State; Zip Code <b>5200 S. HULAN ST FORT WORTH, TX 76132</b> Purpose of expenditure (See instructions regarding type of information required.) <b>Printer Cartridge</b></del>	<del>Amount (\$) <b>29.05</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended</del>

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# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

*N/A*

## SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule H:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Business name  ..... 6 Business address; City; State; Zip Code	7 Amount (\$)
8 Purpose of payment (See instructions regarding type of information required.)		9 <b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held
Date	Business name  ..... Business address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		<b>** Complete if direct expenditure to benefit C/OH **</b> Candidate / Officeholder name      Office sought      Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

*N/A*

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule I:
<b>2</b> FILER NAME		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name <hr style="border-top: 1px dotted black;"/> <b>6</b> Payee address; City; State; Zip Code <hr/> <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name <hr style="border-top: 1px dotted black;"/> Payee address; City; State; Zip Code <hr/> Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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**CREDITS (optional)**

N/A

**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payor name ..... 6 Payor address; City; State; Zip Code  7 Reason for credit	8 Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)
Date	Payor name ..... Payor address; City; State; Zip Code  Reason for credit	Amount (\$)

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